



Certification Guidelines

AMERICAN BOARD OF DENTAL SLEEP MEDICINE

2012 EXAMINATION DATES AND DEADLINES

- January 16, 2012** Deadline for submission of application form, examination fee, and submission of all prerequisites and supporting documents. Late applications will NOT be accepted. All applications must be postmarked by this date.
- March 1, 2012** Notification of application/prerequisite acceptance
- April 2, 2012** Deadline for withdrawal and refund of \$300
- June 10, 2012** Examination
- September 14, 2012** Notification of examination results

DATE AND LOCATION

Sheraton Boston Hotel
39 Dalton Street
Boston, MA 02199

Sunday, June 10, 2012

7:30am – 7:45am	Registration
7:45am – 8:00am	Announcements
8:00am – 12:00pm	Examination

EXAMINATION FEES

Application/Exam Fee: \$795

Fees payable in US dollars, drawn on a US bank

BACKGROUND

Established in 2004, the American Board of Dental Sleep Medicine (ABDSM) is a self-designated independent certifying board for licensed dentists who treat sleep-related breathing disorders.

The purpose of the ABDSM is to test knowledge of dental sleep medicine, which includes oral appliances and upper airway surgery to treat sleep-related breathing disorders such as snoring and obstructive sleep apnea (OSA). It does not represent a new specialty of dentistry or medicine, nor does it grant or imply any legal qualification, privilege or license to practice. Rather, it simply recognizes those dentists duly licensed by law who have successfully completed the board-certification requirements established by the ABDSM. The American Academy of Sleep Medicine (AASM) recognizes Diplomate status granted by the ABDSM.

Board certification by the ABDSM is open to qualified applicants who are permanent residents of the United States (contiguous states and territories) and Canada. International applicants who are not permanent residents of these countries are NOT eligible to attain ABDSM Diplomate status. For those individuals, International Certificate status is available.

Each year the ABDSM offers a certification examination in conjunction with the annual meeting of the American Academy of Dental Sleep Medicine (AADSM). Prerequisite qualifications to sit for the examination include having worked with a board-certified sleep physician at an AASM accredited sleep center, letters of recommendation from board-certified sleep physicians, and patient case presentations. Currently, there are 160 dental sleep medicine practitioners who have successfully met the prerequisites and passed the ABDSM examination.

APPLICANT CATEGORIES AND ELIGIBILITY REQUIREMENTS

In order to be eligible to sit for the ABDSM certification examination, applicants must meet the requirements of one of the three applicant types described as follows.

Clinical Applicant

All applicants must hold (at a minimum) a dental degree (DDS or DMD) or its equivalent and an active unrestricted license to practice dentistry in the United States or Canada.

Academic Applicant

All applicants must hold (at a minimum) a dental

degree (DDS or DMD) or its equivalent and an active restricted license to practice dentistry in the United States or Canada. Academic Applicants must currently be a full-time employee of a dental school that is accredited by either the Commission on Dental Accreditation of Canada or the Commission on Dental Accreditation of the American Dental Association.

International Certificant Applicant

All applicants must hold (at a minimum) a dental degree (DDS or DMD) or its equivalent and an active unrestricted license to practice dentistry. International Certificant Applicants must be permanent residents outside of the United States (including contiguous states and territories) or Canada.

APPLICATION PROCEDURE

Applicants may obtain an application at www.abdsm.org or by contacting:

American Board of Dental Sleep Medicine

2510 North Frontage Road

Darien, IL 60561

Phone: (630) 737-9705

Fax: (630) 737-9790

E-mail: info@abdsm.org

Website: www.abdsm.org

Mailed applications must be sent to the ABDSM via traceable carrier (i.e. FedEx, UPS, etc.) to insure against loss. It is the responsibility of the applicant to ensure that the ABDSM receives the application and supporting materials postmarked on or before **January 16, 2012**. **NO EXCEPTION WILL BE MADE TO THIS REQUIREMENT.** A complete application is defined as a fully completed and typed application form, all supporting documentation as requested on the application, the examination fee and all prerequisites. **BEFORE YOU SEND YOUR APPLICATION AND PREREQUISITES BE SURE THEY ARE COMPLETE TO THE LAST DETAIL.** The ABDSM will send acknowledgment of receipt of the application to each applicant. If such notification has not been received by January 30, 2012, please contact the ABDSM office via e-mail (info@abdsm.org). Please do not call the office for this information as receipt of applications cannot be verified by telephone.

LATE APPLICATIONS WILL NOT BE ACCEPTED.

Reapplication

Applicants who have previously applied to sit for the certification exam and wish to re-apply the following year must re-submit all exam materials with a new application and exam fee. Applicants may only use two (2) of the five (5) case studies from the previous year and can use the same letters of recommendations and verification letters. All materials must be re-submitted together with a completed application by January 16, 2012. Any missing materials will render the application incomplete. Old application materials will not be kept on file at the ABDSTM office. Please do not call the office to inquire about applications submitted the previous year.

Refunds and Withdrawals

If the ABDSTM does not accept the application for examination, \$300 will be refunded to the applicant. If notification of withdrawal from an accepted candidate is received at the ABDSTM office on or before April 2, 2012, \$300 will be refunded. A candidate whose notification of withdrawal is received by the ABDSTM office after April 2, 2012 is **not** entitled to a refund, except when the withdrawal is the result of a documented emergency. The candidate may apply for an emergency late withdrawal refund of \$300 by submitting proper documentation of the emergency.

Applicants with Disabilities

The ABDSTM recognizes that individuals with disabilities may wish to take the examination and will make reasonable accommodations for applicants with verified disabilities. The ABDSTM supports the intent of the Americans with Disabilities Act. Applicants are reminded, however, that auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test (Americans with Disabilities Act, Public Law 101-336). Applicants who request accommodations due to a disability must advise the ABDSTM in writing no later than March 1, 2012. The applicant may be asked to submit appropriate documentation of the disability and a description of previous accommodations provided during other examinations. If the ABDSTM deems it necessary, an independent medical assessment may be requested at the expense of the ABDSTM.

PREREQUISITES FOR CLINICAL AND ACADEMIC APPLICANTS

When evaluating your prerequisites, please determine whether you meet all of the requirements and, if you do not, please do not submit an application. Applications and prerequisites will be reviewed by the ABDSTM. The ABDSTM will send notification of application/prerequisite approval

to applicants by March 1, 2012. All of the following prerequisites must be submitted in addition to a completed application and examination fee by January 16, 2012.

Attendance at AADSM Annual Meetings

Applicants must attend two (2) AADSM annual meetings within three (3) years prior to sitting for the ABDSM certification exam. Attendance at the meeting during which the exam is taken will count as one of the two meetings. The applicant must attend the AADSM annual meeting in the year they sit for the exam. Proof of attendance/registration for the two AADSM annual meetings must be provided.

Documented Time in a Sleep

Center/Laboratory

Each applicant must spend no less than ten (10) hours at an American Academy of Sleep Medicine (AASM) accredited sleep center/laboratory, documented in writing by a board-certified sleep physician (MD, DO or PhD) associated with that particular AASM accredited sleep center or laboratory. The intention of this requirement is to document that the applicant has experienced direct observation of the operations of a sleep medicine clinic. This time may include some or all of the following: direct patient interaction, observation of polysomnography (PSG) preparation, data acquisition, scoring and interpretation, clinical interaction, therapeutic intervention, and assessment of results of therapeutic intervention.

Copy of Dental License with Expiration Date

Each applicant must provide a copy of their current dental license with expiration date. If the dental license expires before the examination 2012 date, a renewed copy of the dental license is required and must be submitted to ABDSM by January 16, 2012 along with all application materials. Applicants cannot sit for the exam without proof of a current valid dental license.

Letters of Recommendation

Each applicant must provide letters of recommendation from two (2) board-certified sleep physicians (MD, DO or PhD). Sleep physicians should be certified in sleep medicine by the American Board of Sleep Medicine (ABSMD) or American Board of Medical Specialties (ABMS).

Case Studies

Oral Appliance Track

Each applicant must submit a total of twenty (20)

documented oral appliance cases, distributed as follows: five (5) detailed case studies and fifteen (15) distinct cases listed on a spreadsheet.

The fifteen (15) spreadsheet cases must contain the following:

- Black out names of patients on ALL submitted documents
- Patient age
- Patient gender
- Documented presence of OSA by full overnight PSG
- Oral appliance utilized
- Follow-up full overnight PSG (the follow-up PSG can be a documented home study). All home studies must be read and results verified by a board-certified sleep physician. A pulse oximetry is NOT acceptable as follow-up testing. Documentation that a board-certified sleep physician interpreted pre- and post-treatment sleep studies must be provided for both in-lab and at home testing.
- Ten (10) of the patients must have a pre-treatment AHI greater than ten (10), and in those cases, the AHI must be reduced below ten (10) and reduced in half with subjective relief of symptoms. For the remaining five (5) cases the patients must have moderate or severe OSA and the post-treatment AHI must be below twenty (20) events per hour and reduced in half with subjective relief of symptoms.

In addition to the above, each applicant must submit five (5) detailed written OSA case studies using oral appliance therapy (OAT). Each case study must adhere to the following criteria:

- The five (5) case studies that are to be presented in their entirety must have a pre-treatment AHI greater than ten (10), and a post-treatment AHI less than ten (10) and reduced in half with subjective relief of symptoms and an LSAT less than 90%.
- Include a typed synopsis stating the patient's chief complaint, history of present illness, pertinent past medical history, clinical and radiographic examination, diagnosis, treatment, results, and

disposition. Reasoning for use of the chosen appliance must be included (please note: appliances being utilized in each case MUST be FDA-approved for treatment of OSA, or have their formal FDA-approval status pending). **Names of patients must be blacked out on ALL submitted documents.**

- Document presence of OSA, by full overnight diagnostic PSG and full follow-up PSG. Both PSGs must be performed at an AASM accredited sleep center or laboratory and interpreted by a board-certified sleep physician. Only full PSGs will be accepted. Home studies for the detailed 5 case studies will NOT be accepted. ABDSM reserves the right to obtain additional documentation for the cases, if needed.
- Combination therapy is **NOT** acceptable.
- Document at least three (3) follow-up appointments, the third appointment being at least three (3) months post OAT insertion.
- Contain the following sets of pre- and post-insertion supporting documentation, the post-insertion documents obtained no earlier than three (3) months after OAT delivery:
 1. Initial full overnight diagnostic PSG report of OSA. PSG must be performed at an AASM accredited sleep center or laboratory and interpreted by a board-certified sleep physician.
 2. Radiographs, either panoramic and/or full mouth series.
 3. Three (3) photographs consisting of the frontal, right lateral and left lateral views of the patient's dentition in occlusion are required pre-insertion. One (1) frontal photograph of the dentition with the appliance in-place. **All photos should be no smaller than 4 x 6 inches in size.** All photos wherein objects cannot be clearly identified will not be accepted rendering the application incomplete.
 4. Photos of study models can be submitted in black and white OR color. Photos of study models are required to be submitted in the following manner:

Individual cast views: one (1) photo
With full occlusal view of casts sitting
back-to-back on the bench top

Articulated model views: six (6) photos total

- a) Three (3) photos: Anterior, right and left views of casts articulated in centric occlusion on the benchtop
- b) Three (3) photos: Anterior, right and left views of casts articulated with the protrusion bite registration in place (i.e.: the patient's initial treatment position)

Study models themselves will not be accepted and will not be returned if submitted. Submission of stone models will delay the application process or render the application incomplete.

Surgery Track (optional)

A maximum of three (3) upper airway surgical cases **may** be substituted for no more than three (3) of the five (5) OAT cases. Surgical procedures utilized must be well documented in the OSA literature (peer reviewed journals and/or textbooks). All of the above OAT case specifications are required, including pre- and post-operative supporting documentation, with the following modifications:

- A typed Operative Report, which must include the date and site of the procedure, the applicant listed as the primary surgeon, the specific procedures performed, indications for the operation (i.e. OSA data and other failed therapies, as applicable), and a detailed description of the operation.
- A concise rationale for the surgical procedure(s) (i.e. how it/they address the patient's site(s) of upper airway obstruction) included in either the case synopsis and/or the Operative Report.
- The results of at least one (1) appropriate published imaging modality such as lateral cephalometry (obtained at end-tidal volume, with cephalometric analysis to include measurements of SNA, SNB, PNS-P, PAS, MP-H and Go-Pog), nasopharyngolaryngoscopy, MRI, CT scans and acoustic reflection, to document upper airway changes pre- and post-operatively.
- Panoramic radiographs, study models, and full dentition photographs (only for skeletal advancement surgery).

- Full face photographs (only if there is a significant change in facial appearance).

The supporting documents described above should be duplicate copies and will remain in the ABDASM archives for a limited period of time. All supporting documents become property of ABDASM. The ABDASM will dispose of these supporting documents at a later date, to be determined by the ABDASM. Applicants are instructed to keep all original documents in their patients' records.

PREREQUISITES FOR INTERNATIONAL CERTIFICANT APPLICANTS

The International Certificant status has been created to allow applicants who are not permanent residents of the United States (contiguous states and territories) and Canada an opportunity to demonstrate competence in the dental sleep medicine.

All of the above requirements for Clinical and Academic applicants shall apply to International Certificant applicants with the following exceptions:

1. Letters of Recommendation will be accepted from physicians who are not board-certified by the ABSM or ABMS.
2. Pre- and post-overnight PSG may be performed at a sleep center or laboratory that is NOT accredited by the AASM. These studies, however, must be read and interpreted by a designated sleep physician.
3. The credentials of each attending sleep physician must be documented.

EXAMINATION PROCESS

Examination Content

The certification examination is comprised of two hundred (200) multiple choice and true/false questions. Candidates are allowed four (4) hours to complete the examination.

The examination tests candidates on airway anatomy and physiology, basic sleep medicine, hypersomnolence and related disorders. However, most questions will focus on sleep disordered breathing including: definitions, treatments, oral appliance therapy and surgery.

Examination Composition

The ABDASM Board of Directors directs all aspects of the certification examination including composition.

Electronic Devices

Recording devices, cellular phones, pagers, personal digital assistants, and other electronic equipment are not permitted in the examination room. Any candidate found in possession of such devices will be disqualified without further consideration or refund.

Attendance at Exam

All applicants who have been accepted to sit for the ABDSM certification exam **MUST** show up on time on the day of the exam. Any applicants who arrive more than ten minutes late will not be able to enter the exam room and will not be able to sit for the exam. Applicants who miss the exam for emergency reasons may write a letter of appeal explaining the reason for which they missed the exam and may be eligible to sit for the exam the following year based on the board's approval. They may also be required to pay a late fee or re-submit portions of their application. Applicants are not guaranteed eligibility to sit for the ABDSM exam the following year if they miss an exam the year they are eligible to sit for it.

Scoring

All scoring is performed without knowledge of the candidate's identity, and all decisions concerning examination scoring are made before the matching of names and candidate code numbers. Individual scores will not be changed, with the exception of a granted appeal.

Examination Results

The results of the examination are mailed to candidates. Results are not available by telephone.

Appeal Procedure

The candidate may appeal a negative determination (rejection of prerequisites or failure of examination) by submitting a written explanation of the reason for refuting the determination with a nonrefundable appeal fee of \$250. This appeal must be made within 30 days of the date of the notification letter. All materials must be submitted in writing to the American Board of Dental Sleep Medicine, 2510 North Frontage Road, Darien, IL 60561. All appeals are carefully reviewed, and a final decision is made by the ABDSM Board of Directors.

PROFESSIONAL DESIGNATION

Upon successful completion of the examination, individuals may use the following options to display their respective credential:

- Diplomate, American Board of Dental Sleep Medicine
- Diplomate, ABDSM
- International Certificant, American Board of Dental Sleep Medicine
- International Certificant, ABDSM

Diplomate status does not denote specialty status or specialty recognition. Furthermore, it does not confer or imply any legal qualification, licensure, or privilege in professional activities as they relate to oral appliance therapy or oral surgery for SBD. It signifies a professional commitment to education, knowledge and experience in dental sleep medicine. It recognizes those dentists duly licensed by law who have successfully completed the board certification requirements established by the ABDSM. The AASM recognizes Diplomate status granted by the ABDSM.

DISCLAIMER

The ABDSM board is self-designated and does not confer recognized specialty status by any other certifying organization. Personal use of the ABDSM Diplomate and International Certificant designation shall be the responsibility of each individual. The ABDSM assumes no liability for how each individual displays their designation.

The ABDSM advises all Diplomates and International Certificants to follow to the *American Dental Association Principles of Ethics and Code of Professional Conduct* when advertising their status. It is also strongly recommended that each individual consult their state or local regulatory agency and adhere to their requirements. Most state licensing agencies do NOT permit advertising the credential to patients. The Diplomate designation should only be used if it does not conflict with each certificant's state code of ethics.

MAINTENANCE OF CERTIFICATION

To maintain Diplomate status, Clinical and Academic Applicants must fulfill the following two (2) requirements:

1. Attendance at one (1) AADSM annual meeting every two years; **or** submission of documentation of twenty-five (25) hours of ADA CERP continuing education credits related to dental sleep medicine, or the medical equivalent of continuing education credits related to dental sleep medicine, every two years. The amount of ADA CERP approved self-study courses in dental sleep medicine that will be accepted is limited to ten hours.

2. Payment of an annual administrative fee of \$100. Diplomates of the ABDSM will be contacted annually and informed of these maintenance requirements.

To maintain International Certificant status, International Certificant Applicants must fulfill the following requirements:

1. Attendance at one (1) AADSM annual meeting every two years; **or** submission of documentation of fifteen (15) hours of dental sleep medicine, or the medical equivalent of continuing education credits related to dental sleep medicine, every two years.
2. Payment of an annual administrative fee of \$100. International Certificants will be contacted annually and informed of these maintenance requirements.

EXAMINATION CONTENT AREAS

ABDSM Certification Exam (200 Questions)

1. Basic sleep medicine
(7% of Examination)
2. Analysis of polysomnogram reports
(5% of Examination)
3. Medical and sleep disorder history
(10% of Examination)
4. Research and literature review of the full range of available treatments for sleep related breathing disorders
(7% of Examination)
5. Selection of oral appliances for patients, oral appliances vs. CPAP on various anatomic, behavioral and physiological parameters
(11% of Examination)
6. Proper fitting techniques for oral appliances
(15% of Examination)
7. Treatment plan and informed consent for patients as well as indications, contraindications, possible complications and side effects associated with appliance use
(14% of Examination)

8. Long-term follow-up care including compliance, appliance stability and care, effectiveness of therapy and side effects
(13% of Examination)
9. Portable monitoring devices in oral appliance therapy
(3% of Examination)
10. Oral appliance titration
(10% of Examination)
11. Children
(5% of Examination)

SAMPLE QUESTIONS

1. Treatment of nasal congestion is an important part of treatment of OSA because:

- A. Nasal airway obstruction of healthy males increases their AHI to > 40 .
- B. Women with chronic nasal congestion do better with mandibular repositioning devices.
- C. Nasal congestion interferes with use of nasal CPAP.
- D. Rhinitis causes frequent awakenings.

2. For mild OSA oral appliance therapy has been compared to UPPP. The results show:

- A. Equal effectiveness.
- B. Oral appliances have been shown superior by polysomnographic studies.
- C. No effectiveness seen for UPPP.
- D. UPPP more effective than oral appliance.

3. Which of the following improves the objective measurements by polysomnograph of oral appliance therapy?

- A. Amount of protrusion
- B. Single appliance
- C. Type of retention
- D. Vertical opening

4. Oral appliances are less effective in:

- A. Obese patients.
- B. Women.
- C. Patients less than 30 years old.
- D. Patients with milder OSA.

5. *Objective data reported for nightly self-use of oral appliances:*

- A. Shows patients use oral appliances an average of 10 hours per night.
- B. Is in the same range as the self-reported patient data.
- C. Shows patients use oral appliances an average of four hours per night.
- D. Is the same as that for CPAP.

6. *The most significant change in airway size that is produced by mandibular advancement devices is:*

- A. In a lateral dimension.
- B. By increasing the airway length.
- C. In an anterior-posterior dimension.
- D. By depressing the larynx.

7. *The current practice parameters for the use of oral appliances in patients with OSA states:*

- A. Oral appliances are indicated for use in patients with severe OSA who prefer OAs to CPAP.
- B. Cephalometric x-rays are required prior to use of Oral Appliance Therapy.
- C. Oral appliances are indicated for use in patients with mild to moderate OSA who prefer OAs to CPAP or are not good candidates for CPAP.
- D. Oral appliances are indicated for use in patients with mild, moderate, or severe OSA only after a trial of CPAP has been completed.

Answers: 1-C, 2-B, 3-A, 4-A, 5-B, 6-A, 7-C

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*Any correspondence to the members of the Board of Directors
should be directed through the ABDSM National Office.*



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